

Three brothers with muscular dystrophy, beginning in the face and muscles of the shoulder girdle. In one case the leg and forearm were pseudo-hypertrophic. (12) General dystrophy, more pronounced on the left; diminution of the tendon reflexes on the left. Imperfect development. There was strabismus, and difficulty in urination. (13) Rhachischisis, spastic symptoms. (14) Various forms of nervous disease in three generations, including impaired vision. In one case, atrophy of the optic nerves was present. Three of the daughters were sterile. (15) The parents were uncle and niece. Two daughters and a son had epilepsy; two daughters were healthy.

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### Psychiatrische-Neurologische Wochenschrift

(Vol. 8. November 10.)

1. Contribution to the Psychology of Cataleptic States in Catatonia. (Continued.)
2. Effect of Isopral.
3. Hysteria and Religious Impressions. WITRY.
4. Forensic Significance of Paramnesia. (Continued.)
  2. *Effect of Isopral*.—Isopral has the chemical name trichloriso propylalcohol. It was first used in 1904 as a hypnotic. The author of the article is not able to conclude from his observations what the value or the possible danger of drug may be as it has not as yet been long enough in use.
  3. *Hysteria and Religious Impressions*.—A short account of two hysterics. Of no special interest.

(November 17.)

1. The Technic of Large Brain Sections. L. W. WEBER.
2. Freud's Mechanism in the Symptomatology of Psychoses. (Continued.) PROFESSOR E. BLEULER.
3. Forensic Significance of Paramnesia. (Continued.)
  1. *Large Brain Sections*.—A purely technical paper on the methods of hardening, embedding and cutting large sections. Does not lend itself to abstraction.

(November 24.)

1. Freud's Mechanism in the Symptomatology of Psychoses. (Continued.)
2. Forensic Significance of Paramnesia. (Continued.)

(December 1.)

1. The Plaut-Wasserman Researches regarding Syphilitic Antibodies in Paresis. KONRAD ALT.
2. Freud's Mechanism in the Symptomatology of the Psychoses. (Concluded.) PROFESSOR E. BLEULER.
3. The Forensic Significance of Paramnesia. (Concluded.) PROFESSOR H. ZINGERLE.
  1. *Syphilitic Antibodies in Paresis*.—It is generally conceded now that paresis is the result of a preceding specific infection. The anamnesis, however, is notoriously inaccurate partly because paresis seems to develop in those cases that showed few of the syphilitic manifestations after infection and partly because of defects in memory as paresis usually follows

infection by ten or twelve years. This latter defect in anamnesis can be well illustrated by an attempt to get a syphilitic history in well recognized cases of syphilis. This accounts for the wide variation among different investigators who give all the way from twenty-five to ninety per cent. of previous infection in paresis. A clinical method for definitely determining the presence of syphilis must therefore be most valuable. Investigations of the cerebro-spinal fluid have been made both as to cellular and albumen content—but authors do not agree on the results and then other conditions than syphilis—inflammation—give similar pictures. A specific reaction, therefore, does not exist by this method. The methods of serum diagnosis offer most in the way of possibilities of diagnosis. When an infection invades an organism it endeavors to protect itself by the development of the so-called antibodies which tend to destroy or weaken the infecting material and these antibodies are developed most in the tissues most seriously involved. The method results in the bringing together of the invading body and the antibody and the result will inhibit the hemolysis of the red blood corpuscles.

Plaut and Wasserman made lumbar punctures in forty-one cases of paresis and mixed the fluid with a clear, watery extract from the organs of luetic fetuses. Thirty-two cases already showed inhibition of hemolysis, four cases were not so clear, the other five cases failed to show it at all. The same lumbar fluid with extract of non-syphilitic organs did not give the reaction. The luetic extract was mixed with cerebro-spinal fluid of nineteen non-syphilitic men without interfering with the hemolysis. A control experiment with three cases of meningitis was negative. Experiments seem to show that antibodies are produced for a long time in the nervous system. This is probably due to the fact that the nervous system seems to contain the tissue especially elected by the specific virus. Researches in three cases, for example, showed the cerebro-spinal fluid much richer in antibodies than the blood serum. The author of the article closes with some general considerations as to the different problems and lines of research this method of Plaut and Wasserman opens up.

2. *Freud's Mechanism in the Psychoses.*—The author speaks of the many criticisms of Freud and, on the part of some, of the wholesale denunciation of his methods. He believes, therefore, that a critical review of his work should be made so that if there is anything good in it it will not be lost. Freud maintains that our psyche has a tendency to build up the picture of the world in accordance with our wishes and our efforts. This disposition is well shown in all situations in which the connection is disturbed between the outer circumstances conditioning thought and their logical relations to reality. This is the case in dreams, in unconscious movements, inattentive speech and writing, etc. Freud has shown this tendency in the neuroses and endeavored to formulate a useful therapy on it as a basis. The same mechanism also plays a great rôle in the pathology of other mental disorders.

The author does not attempt a detailed analysis of Freud's teachings. In order to indicate their nature he picks out some simple examples where analysis gives the most essential points. The full explanation of a short dream will show many of them. Once a patient suicided in the hospital of which the author was director. He dreamed that the suicide had occurred in another hospital of which he had been formerly director and congratulated himself that he was a better director than his successor. During working hours one wishes and fears, our inclinations and antipathies

govern our thoughts, our half-conscious acts, even our comprehension. Names of people who are disliked by us are easily forgotten. In mis-speaking and misreading the same influence plays a great rôle. In reading nearby words not actually seen are often falsely apprehended. Usually there is only a small change like *Leitung* for *Leistung*. This was due to the fact that while reading the mind was occupied by thoughts in which *Leitung* occurred, not *Leistung*. One who keeps a diary will find on referring to it that events are not accurately put down. Our thoughts even transform our memories according to our wishes. Persons react against or away from disagreeable ideas (*abreagirt*). Intolerable ideas are suppressed but give origin to hysterical symptoms. If it is possible to bring these ideas and their corresponding effects into consciousness often the disorder disappears. These unpleasant circumstances to which the individual has *abreagirt* often play an important part in life. The poet's phantasies may frequently be traced to them. Thus many of the most beautiful love songs have been composed by those disappointed in love. Such was their method of compensating for the loss. Nietzsche created the super-man because he was of a very tender nature. Houston Stewart Chamberlain, the great defender of the idea of the improvement of race, was himself of mixed blood. The same mechanism governs the details of artistic creation. Goethe must have his Werther die, not from artistic necessity, but because he must destroy this side of himself which had done and suffered so much. In such manner our affectivity builds up symbols which express our wishes and our fears. This thinking in symbols is of the highest importance. Owing to this symbolic method of thinking things which in reality are widely different, but may have a single point of similarity, are often confused and it becomes difficult to untangle the true meanings. In all this symbolism it is natural that the sexual should play a large and important rôle. An illustration of the symbolic character and method of association of ideas is given in a case of dementia precox. A young hebephrenic believed his father dead. He continued in this idea even after his father visited him. Examination showed that he had seen his father's death (suicide) in a dream. As a further explanation it seems his father had recently married a young woman whom the son loved. Therefore the father must make a place for the son. The contents of many delusional states are often nothing but badly retained bits of dream consciousness which often have the characteristics of wish fulfilling dreams. This is often so in delirium tremens. A patient who had been arrested for stealing food and a coat thought himself at a great fair where he could buy everything he wished and where he got two beautiful suits. The case of an embezzler is cited who all during his delirium saw pleasant visions of dancing fairies, etc. There was no relation between the actualities and his delirium of which he was merely the interested onlooker. This is not uncommon in delirium tremens.

Even in organic brain disease, such as paresis and senile dementia, the Freud principle is useful. It is found that the patient forgets the things easiest which are unpleasant to him. In summing up the author recalls the fact that interference with the realization of wishes may lead to persecutory ideas—that the sexual feeling is easily changed to anguish—and last but not least that in general the condition of our bodily organs influences our mood. On all these grounds must the patient have the tendency to produce unpleasant perceptions and moods, and it is not to be wondered at that this negative tendency is only seldom overcompensated through the positive one of the Freud mechanism.

3. *Forensic Significance of Paramnesia*.—An account of two cases with the details of both physical and mental examination. The author cautions that cases following head injury are apt to fill up gaps in the memory without noticeable disturbances of consciousness so that such cases must be very carefully examined.

WHITE.

### Revue Neurologique

(No. 5. March 15, 1907)

1. A Case of Crossed Atrophy of the Cerebellum. RENE CORNELIUS.
2. New Contribution to the Study of Bone Reflexes. NOICA.
  1. *Crossed Atrophy Cerebellum*.—The authors report a case of atrophy of the right cerebral hemisphere particularly marked in the frontal and second temporal convolutions. The atrophy of the cerebellum was most marked in the quadrilateral lobe of the left hemisphere and involved also the dentate nucleus.
  2. *Bone Reflexes*.—These reflexes occur in hemiplegics or in spastic paraplegics. In the lower limbs the contractions are in the muscles innervated by the fifth lumbar root. In the upper limb the centers for these reflexes are probably in the seventh and eighth cervical segments.

(No. 6. March 30, 1907)

1. Some Researches on the Transplantation of Nerve Ganglia. MARINESCO.
2. A Sign of Organic Paralysis of the Lower Limb: The Possibility of Elevating the Paralyzed Limb with the Impossibility of Elevating both Limbs Simultaneously. GRASSET.
  1. *Transplantation Nerve Ganglia*.—The researches of Marinesco are on the histological changes taking place in transplanted nerve ganglia. For the most part the nerve cells undergo grave modifications and disappear; only those at the periphery survive for a short time.
  2. The sign is sufficiently explained in the title of the paper.
  3. The cerebro-spinal and labyrinthine spaces are communicating; any variation in the composition of the cerebro-spinal fluid is often manifested by oculo-motor palsies of which the most frequent is paralysis of the sixth pair of nerves.

(No. 7. April 15, 1907)

1. Peripheral and Central Neurofibromatosis. J. ROUX.
2. Alterations of the Peripheral Nerves in Fatal Anemia. (Apropos of Neuritis in the Insane.) E. MEDEA.
  1. A case of neurofibromatosis in a lad of twelve years who also had epileptic attacks confined to the left side and a partial left hemiplegia. The left side was cyanotic and there was amblyopia of the left eye. The author's diagnosis was multiple lesions of the central nervous system of the same nature as the peripheral lesions.
  2. The two aspects of the question considered are: the frequency of neuritis in the insane, and the relation of the psychic trouble to the neuritis. In three cases where the clinical symptoms suggested neuritis, histologic examination showed the nerve to be normal. In another case in which there was great anemia there was some degeneration of the nerves.